

My bill does that, and I urge all of my colleagues to support this legislation.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. HOYER) is recognized for 5 minutes.

(Mr. HOYER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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CONGRESSIONAL BLACK CAUCUS INITIATIVES DOMESTICALLY AND GLOBALLY REGARDING HIV/AIDS

The SPEAKER pro tempore (Mr. FLETCHER). Under a previous order of the House, the gentlewoman from California (Ms. LEE) is recognized for 5 minutes.

Ms. LEE. Mr. Speaker, I rise this evening to speak about the initiatives of the Congressional Black Caucus in the fight against the HIV and AIDS epidemic.

I first want to thank the gentlewoman from California (Ms. WATERS) and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) for their leadership in this effort. This epidemic is killing our community in unprecedented, terrifying numbers. Within our own country among African Americans and among Africans on the continent of Africa, the disproportionate infection rates of people of African descent are staggering.

In my district, which includes Oakland, California, the AIDS case rate for African Americans is five times that of whites. While the county has experienced a decline in the number of AIDS cases since 1994, African-American diagnoses have risen by 20 percent.

I wish that I could say that these frightening and disproportionate statistics are rare in our Nation, but unfortunately they are pervasive. We know that across our country, African Americans have the highest death rate from AIDS and chronic illnesses, higher than all other minority communities combined. African Americans who account for 13 percent of our Nation's population account for 56 percent of all newly reported HIV cases and 68 percent of new cases among adolescents.

What we have seen over the past several years has been the emergence of a crisis, and the failure on the part of our government to target resources where the disease is the greatest void has really compromised our ability to work effectively to decrease the number of HIV infections, to create strong

prevention programs and to provide adequate services and care. We are now thankful, though, that the current funding is significantly higher. However, it remains grossly inadequate.

Last year, under the bold leadership of the gentlewoman from California (Ms. WATERS), the Congressional Black Caucus mobilized to call upon Secretary Donna Shalala to declare a state of emergency for HIV/AIDS in the African-American community. It is with determination that we as a caucus have taken the lead on this issue. And with pride I can also say that on a local level in my area, Alameda County has declared a public health emergency on HIV and AIDS in the African-American community, the first jurisdiction in the Nation to do so.

This week, the Congressional Black Caucus has taken the next step to put forth a \$340 million emergency public health initiative on HIV and AIDS which will be distributed proportionately among African Americans and other communities of color. The plan is the next, necessary step to allow the continuation of initiatives within HHS and NIH and CDC that were created from fiscal year 1999 funding and to address new emergency needs. The Black Caucus has also been focused to bring to bear the resources so that African Americans also experience a decline in, and eventual end to, the HIV infection.

Furthermore, let me just mention how it is disproportionately devastating countries in the developing world, most drastically on the continent of Africa. UNAIDS reports that of the 33.4 million people living with HIV/AIDS in the world, 22.5 million, or 67 percent, are in sub-Saharan Africa; 7.8 million are children who have been orphaned with their parents who have died of AIDS. It is anticipated that this number will reach 40 million orphans by the year 2010. That is why I, along with 47 cosponsors, have introduced H.R. 2765, a bill to provide assistance for HIV/AIDS research, education, treatment and prevention in Africa.

Mr. Speaker, I ask my colleagues to recognize the demoralizing reality of HIV and AIDS, both in this country and throughout the world. We must not falsely and dangerously assume that because new combinations of therapies have improved the quality of life and extended the survival of some with HIV that the HIV/AIDS epidemic is now under control. The battle is far from over. I urge support for the Congressional Black Caucus' emergency public health initiative to combat this epidemic domestically and I urge support for the AIDS Marshall Plan to combat in a substantial way the AIDS epidemic globally.

COMBATTING HIV/AIDS IN THE BLACK COMMUNITY

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WATERS) is recognized for 5 minutes.

Ms. WATERS. Mr. Speaker, I join with the gentlewoman from California (Ms. LEE) and others who are attempting to work at doing something about the problem of HIV/AIDS in the black community. Mr. Speaker, we have spent over a year working in a very concentrated way on trying to garner the resources and redirect them to communities that are highly at risk but have not had the resources follow the crisis.

Under my leadership as Chair of the Congressional Black Caucus last year, we organized an initiative where we were able to identify tremendous resources to begin to do what needed to be done. We discovered a number of things, Mr. Speaker. We discovered that the resources of government were not following the AIDS crisis because the face of the new AIDS had not been unveiled sufficiently in this Nation. Most people still think of AIDS as a white gay disease. It is not. It is not a white gay disease. If there is anything that I can share with you today, it is that the gay community has done a wonderful job in, number one, doing outreach, education and prevention and getting people involved in the new therapies that are causing them to have a better quality of life and being able to go back into the workplace. We need to follow that example. It certainly can be done.

What do we find when we look at the African-American community? We find, of course, that it is the leading cause of death for African Americans between the ages of 25 and 44. What do we find when we look at African-American women? We find that in the new AIDS cases, we are 30 percent of that population. We also find that we are infected 16 times more than white women. And so we see this increase, we see this crisis, we see this emergency, and we are trying to get everyone to understand that it is indeed an emergency, it is indeed an emergency that we can do something about. And we need to continue to get the dollars to flow into outreach and education and research and therapy, all of those things that will help our community to do what can be done to stop the escalation of HIV and AIDS infection.

And so we got the \$156 million and the RFPs went out and the responses came back and now we have community groups accessing dollars to do the kind of work that they so desperately have wanted to do that we have not given them the support for. They are saying to us, we have got to build and expand capacity, we have got to get more providers, we have got to make sure that we are doing the kind of creative outreach and education to get with that young population out there who we still have not been able to infiltrate. And so they are beginning to see that they can do these things and they can do them better.

Let us not stop now. Let us take the initiative that has been put together by the gentlewoman from the Virgin